

APPOINTMENT/AFFILIATION NOTICE

(Fee: \$20.00 per appointment or affiliation)

TO: Office of the Insurance Commissioner

US Postal Mailing Address:

POB 40257

Olympia, WA 98504-0257

Phone: (360) 725-7144

Physical Address:

Insurance 5000 Bldg.

5000 Capital Blvd.

Tumwater, WA 98501

FROM:

Name of Insurance Company or Corporation or Health Care Provider

License ID#
(PIC/CIC)

Address

City State Zip

DATE:

Month Date Year

RE:

Name of Appointee or Affiliate, Exactly as Licensed

License ID#
(PIC/CIC)

Resident Address

City State Zip

SS # or FEIN

The above named is hereby appointed or certified to be affiliated as an ☐ Agent ☐ Broker
☐ Surplus Line Broker, and/or ☐ Adjuster, by the company, corporation or contractor named above
to transact the following kinds of insurance.

| | |
|------------------------|----------------------------|
| _____ Life | _____ Credit Casualty |
| _____ Disability | _____ Vehicle |
| _____ Credit L & D | _____ Title |
| _____ Travel | _____ Surety |
| _____ Casualty | _____ Independent Adjuster |
| _____ Property | _____ Public Adjuster |
| _____ Rental Car Agent | _____ Specialty Producer |

The appointment or affiliation is subject to restrictions which may be placed upon the authority of the agent by the appointing or certifying authority, and to the existence of a valid license issued to the appointee or affiliate by the Insurance Commissioner of the State of Washington.

Signature of Appointing or Affiliating Authority